# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-009907
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 365

FILED FEB 19 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

40 31
2 209
3
4 0
5 1
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7 1
8 2
9 180X
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12 43-2
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43

DATE AMENDED 1/2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | INSTEAD OF | SHOULD READ

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy
Length of stay in 1b: 1 month
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Normandy Osteopathic Hosp.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 218 Ferry Street
Reside on Farm: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:

3. NAME OF DECEASED (Type or print): First: Henry Middle: T Last: Roth

4. DATE OF DEATH: Month: January Day: 31 Year: 1963

5. SEX: Male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-2-1909

9. AGE (last birthday): 53

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Out Sole Cutter

10b. KIND OF BUSINESS OR INDUSTRY: Proctor Counter Co

11. BIRTHPLACE (City and state or country): Scott County, Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Roth

13b. MOTHER'S MAIDEN NAME: Mary Ann Guittar

14. NAME OF HUSBAND OR WIFE: Margaret C. Roth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of ser

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. Margaret C. Roth, 218 Ferry St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Uremia | 2 wks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Carcinomatosis | 3 mos |
| DUE TO (c) | Primary adenocarcinoma of left kidney | 8 mos |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Decubitus ulcer of right hip & buttock

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 16, 1962 to Jan 31, 1963 and last saw him alive on Jan 31, 1963
Death occurred at 9:17 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. Glenwood Foster DO

22b. ADDRESS: 5904 N Belsay St Louis Mo

22c. DATE SIGNED: 2/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Feb. 4 1963

23c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair Ave St. Louis, Missouri

25. DATE RECD. BY LOCAL REG.: 2-1-63

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer, No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Allen W. Hatz

Licensed Embalmer No. 3737

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.